

Career Education Temporary Authorization Certificate

Applicants for a Career Education TAC must comply with the following criteria:

I. Verification of one (1) of the following:

- A.** Possession of a baccalaureate or higher degree from an accredited college or university in the subject area being taught and four thousand (4,000) hours of DESE-approved, related occupational experience obtained within the most recent ten (10) years;
- B.** Possession of an associates degree from an accredited college or university in the subject area being taught and five thousand (5,000) hours of DESE-approved, related occupational experience obtained within the most recent ten (10) years;
- C.** Six thousand (6,000) hours of DESE-approved, related occupational experience obtained within the most recent ten (10) years; or
- D.** For the area of Junior Reserve Officer Training Corps (ROTC) a notarized letter from the appropriate branch of the armed service indicating that the applicant is an approved Junior ROTC instructor.

II. The Career Education TAC is valid for one (1) year and may be renewed annually by:

- A.** submitting a TAC application completed by the certificate holder and the employing Missouri school district or accredited nonpublic school. The school district will be required to verify that the certificate holder has:
 - 1.** Continued contracted employment with their school district;
 - 2.** Successfully completed a yearly Performance Based Teacher Evaluation;
 - 3.** Participated in a yearly mentoring program; and
 - 4.** submitted an official transcript(s) documenting the completion of six(6) semester hours of coursework toward initial career education certificate based upon the following requirements.

COURSE WORK FOR INITIAL CERTIFICATE (NOT TO EXCEED 18 CREDIT HOURS):

- 1.** Must include competencies appropriate for the certification area in:
 - a.** Curriculum;
 - b.** Methods;
 - c.** Assessment;
 - d.** Foundations/Implementation;
 - e.** Psychology of the Exception Child (*not required for postsecondary*);and
 - f.** Coordination of Cooperative Education (*not required for postsecondary*).

III. *All Missouri public school districts are required to disclose the certification status of teachers holding a temporary authorization certificate by public notice in a form established by the local school board and consistent with applicable state laws and regulations.*

APPLICATION CHECKLIST FOR A MISSOURI CAREER EDUCATION TEMPORARY AUTHORIZATION CERTIFICATE

INITIAL APPLICATION:

☐ **Application Form**

Temporary Authorization application must be signed by the employer and applicant.

☐ **Plan of Study**

A list of courses that will be taken each year must be provided. This will indicate your knowledge of possible college courses and the time frame in which you anticipate completion.

☐ **Transcripts**

Original transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. NOTE: a minimum grade point average of 2.5 on a 4.0 scale is required.

☐ **Background Check**

A criminal background check must be completed. Please contact Identix to schedule an appointment by calling 866-522-7067 or online at <http://www.identix.com/iis/>. The current processing fee for this procedure is \$50.95. Please provide the following information when contacting Identix:

- County/District code number of the hiring school district;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8316.

RENEWAL APPLICATION:

☐ **Application Form**

A new Temporary Authorization Certificate application requesting renewal and verifying the following:

- Participation in an annual mentoring program;
- Successful completion of an annual performance based teacher evaluation; and
- Continued employment with the school district

☐ **Transcripts**

Original transcripts documenting the yearly completion of six (6) semester hours of course work toward the initial career education certificate (see previous sheet for specific course requirements).

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>**

You can check the status of your application on our website.
https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp

to:



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR A CAREER EDUCATION TEMPORARY AUTHORIZATION CERTIFICATE

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION	
SOCIAL SECURITY NUMBER*	Background / Fingerprint Clearance is required
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)	INITIAL APPLICATION RENEWAL APPLICATION
ALL MAIDEN/FORMER NAMES	EMAIL ADDRESS
STREET ADDRESS	CITY, STATE, ZIP CODE
DATE OF BIRTH	MALE FEMALE
	PHONE NUMBERS H () W ()

IMPORTANT: Original transcripts **MUST** be received from institutions listed in Part II before application is complete.

B. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.					
COLLEGE/UNIVERSITY	CITY/STATE	DATES ATTENDED		DEGREE AWARDED/DATE	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		

*EXCEPTIONAL EXPERIENCE – ATTACH A ONE-PAGE EXPLANATION INCLUDING DATES OR LOCATIONS – IF APPLICABLE

SECTION II: MUST BE COMPLETED FOR INITIAL APPLICATION AND RENEWAL

A. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1 Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.		
2 Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?		
3 Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?		
4 Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?		

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

B. SWORN AFFADAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE	DATE
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SECTION III: OCCUPATIONAL EXPERIENCE

List all employment experience other than teaching or counseling that has contributed to your competency in the occupation for which you propose to qualify. If self-employed, provide details on attached sheet. If employment was part-time, indicate the number of hours per week. All employment must be within the last ten years.

EMPLOYER'S NAME	CITY & STATE	TYPE OF WORK PERFORMED	DATES	TOTAL HOURS WORKED
			To	
			To	
			To	
			To	

SECTION IV: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL**A. CERTIFICATION REQUESTED**

List subject and grade level of certificate requested

SUBJECT AREA

GRADE LEVEL

I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ - _____ school year.

His/her beginning contracted date is/was _____. I jointly request with the above applicant that his certificate be issued.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL

NAME OF DESIGNATED SCHOOL OFFICIAL

NAME OF SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL

POSITION HELD

ADDRESS

PHONE NUMBER
()

COUNTY/DISTRICT CODE:

CITY, STATE, ZIP CODE

B: TO BE COMPLETED IF APPLICANT IS RENEWING THE TEMPORARY AUTHORIZATION CERTIFICATE. REQUIREMENTS LISTED MUST BE COMPLETED DURING VALID DATES OF THE CERTIFICATE.

Applicant has completed a minimum of six (6) semester hours toward his/her professional certification. An original transcript is attached. (A total of 6 hours each year is required.)

Applicant has developed a plan of study for courses to meet the competencies required.

Applicant has participated in a mentoring program.

Applicant has received successful performance based teacher evaluations. (Evaluations must be done yearly.)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

PLEASE RETURN THIS FORM TO:

EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

ORIGINAL SIGNATURE REQUIRED – NO FAXES OF PHOTOCOPIES

<http://www.dese.mo.gov>

Plan of Study to Meet Competencies for Career Education Temporary Authorization Certificate

Name _____ Social Security # _____

Grade Level: ☐ Secondary ☐ Postsecondary/Adult ☐ Both

Subject Area: _____

Employing District : _____

Required Competencies

You are annually required to complete a minimum of six (6) credit hours of coursework that meets the following competencies:

- Curriculum
- Methods
- Assessment
- Foundations/Implementation
- Psychology of the Exceptional Child*
- Coordination of Cooperative Education*

** Not required for postsecondary only applicants*

Instructions:

List the appropriate course number, title, and the name of the institution where you plan to complete each course to meet the competencies.

A. Year 1 (minimum of 6 college credits)

COURSE #	TITLE	INSTITUTION	CREDIT HOURS
1.			
2.			

B. Year 2 (minimum of 6 college credits)

COURSE #	TITLE	INSTITUTION	CREDIT HOURS
1.			
2.			

C. Year 3 (minimum of 6 college credits)

COURSE #	TITLE	INSTITUTION	CREDIT HOURS
1.			
2.			

Course Credits

If you believe you have completed classes that meet any of the requirements listed above, please submit original transcripts from the appropriate college/university.